

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
July, 2013

DAY	FLOWS				INFLUENT				EFFLUENT							MISCELLANEOUS								
	DATE	MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	NH3	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	NH3	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na2SO3 USED LBS	
SUN	30	0.067	0.000	16.6	8.5	4.5					30	17.1	7.8	3.2					22	10	0.05	7.00	0.00	4.03
MON	1	0.097	0.000	15.5	7.9	5.9						15.9	7.8	3.9								0.09	3.00	6.51
TUE	2	0.078	0.005	16.3	8.2	4.7						16.9	7.8	3.8								0.05	4.00	9.30
WED	3	0.071	0.003	16.0	8.2	5.3						16.5	7.9	4.0								0.02	5.00	8.99
THU	4	0.072	0.003	16.0	8.4	5.3						16.3	7.3	4.0	14	7	22	12				0.01	3.00	5.58
FRI	5	0.064	0.000	16.1	8.3	5.1						16.8	7.9	3.6								0.07	3.00	4.34
SAT	6	0.069	0.002	16.3	8.3	4.2						16.0	7.9	4.0								0.01	4.00	5.27
SUN	7	0.091	0.004	15.3	8.0	5.2					21	16.4	7.9	4.1					20	2		0.01	5.00	5.27
MON	8	0.091	0.002	16.3	8.1	5.8						15.8	7.9	4.0								0.10	3.00	5.89
TUE	9	0.054	0.000	16.3	8.2	5.3						16.4	7.8	3.9	9	7	12	9				0.02	3.00	5.89
WED	10	0.088	0.000	15.8	8.2	5.2						16.4	7.9	4.0	9	7	12	9				0.02	3.00	4.03
THU	11	0.088	0.000	15.8	8.2	5.2						16.2	7.8	4.1								0.02	5.00	4.96
FRI	12	0.071	0.002	15.8	8.2	5.1						16.4	7.7	3.9								0.02	3.00	4.65
SAT	13	0.056	0.002	16.0	8.2	5.2						16.4	7.7	3.9								0.02	3.00	4.65
SUN	14	0.059	0.002	17.9	8.5	4.2						16.1	7.9	3.7	17	9	22	12	21	5		0.04	3.00	4.34
MON	15	0.066	0.000	18.1	8.2	5.1					28	16.8	7.7	3.8	10	5	10	5				0.02	2.00	4.65
TUE	16	0.057	0.002	17.8	8.2	5.0						17.3	7.8	3.9	12	6	20	10				0.04	3.00	4.96
WED	17	0.062	0.000	17.8	8.3	4.9						17.4	7.6	4.0								0.02	4.00	4.34
THU	18	0.062	0.005	17.3	8.2	5.0						18.1	7.7	3.9								0.02	3.00	2.79
FRI	19	0.068	0.001	18.3	8.1	5.0						17.7	7.7	4.1								0.03	4.00	4.96
SAT	20	0.064	0.004	15.6	7.9	4.9					15	17.2	7.9	4.2								0.01	4.00	4.65
SUN	21	0.064	0.002	16.7	8.3	4.9						17.0	7.9	4.2	12	6	31	16	21	3		0.01	4.00	4.03
MON	22	0.061	0.008	16.2	8.4	4.7						16.7	7.9	4.0	9	5	19	10				0.05	3.00	5.27
TUE	23	0.061	0.006	16.7	8.5	5.1						17.8	7.9	3.7	9	5	22	13				0.03	3.00	4.67
WED	24	0.070	0.008	17.5	8.0	5.2						17.9	7.7	3.9								0.03	3.00	5.58
THU	25	0.053	0.005																					
FRI	26	0.053	0.005																					
SAT	27	1.892	0.103																					
TOTAL		0.093	0.030	18.3	8.5	5.9						18.1	7.9	4.2	17	9	31	16	22	10		0.10	7.00	9.30
MAXIMUM		0.053	0.000	15.3	7.9	4.2						15.8	7.3	3.2	9	5	10	5	20	2		0.01	0.00	2.79
MINIMUM		0.068	0.004	16.6								16.8		3.9	12	6	20	11	21	4		0.03	3.52	5.16
AVERAGE		0.068	0.004	16.6								16.8		3.9	12	6	20	11	21	4		0.03	3.52	5.16
NO. OF ANALYSIS		28	28	24	24	24	8	8	8	8	4	24	24	24	8	8	8	8	4	4	4	24	28	28

*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

COMMENTS:

WEEK	1	2	3	4	MAX
BOD mg/l	14	9	13	10	14
lbs	7	7	5	7	7
TSS mg/l	22	12	17	24	24
lbs	12	9	13	13	13
CHLORINE mg/l	0.0483	0.0286	0.0283	0.0483	0.0483
Gal	3.6	3.7	3.1	4	4
Geo. Mean	10	2	5	3	10

WEEKLY AVERAGE	WEEKLY
BOD mg/l	COLIFORM
lbs	Geo. Mean
TSS mg/l	Gal
lbs	
CHLORINE mg/l	
Gal	
Geo. Mean	

% REMOVAL	95
B.O.D.	97
S.S.	

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Jim Westcott
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

FACILITY: Auke Bay WWTF
 LOCATION: 11825 GLACIER HWY
 Juneau, AK 99801

PERMIT NUMBER: AKG572004
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 6/30/2013

TO 7/27/2013

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.2	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	11	16		*****	20	31				
	Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) C - Influent 00310	Sample meas.	*****	*****		*****	435	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	7	*****		*****	14	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.3	*****	7.9				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	6	9		*****	11.5	17				
	Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	441	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	13	*****		*****	24	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.068	0.093		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.03	0.1				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	*****				
	Permit reqmt.	*****	*****		*****	Report daily maximum	*****	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	4	10				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		95	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		97	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS:
 W = Average Weekly Effluent Limits;
 For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
<i>Jim Westcott</i> <i>Superintendent</i>	<i>[Signature]</i>	907-566-0741	13/6/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Jim Wescott
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

FACILITY: Auke Bay WWTF
 LOCATION: 11825 GLACIER HWY
 Juneau, AK 99801

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 6/30/2013

TO 7/27/2013

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

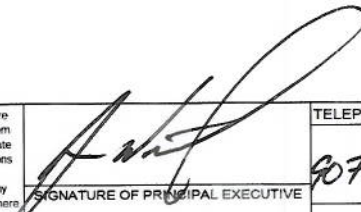
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen 3 - Outside edge of MZ 00300	Sample meas.	*****	*****			*****					
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****			*****					
	Permit reqmt.	*****	*****		6.5 daily minimum	*****	8.5 daily maximum	S.U.		Upon Request	Grab
Total Residual Chlorine 3 - Outside edge of MZ 50060	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform 4 - Shoreline in MZ 74055	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	400 daily maximum	cts/100 ml		2X Annually	Grab

COMMENTS:

For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Jim Wescott SUPERVISOR TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.5866741	13/E/7
		AREA NUMBER	Y M D